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CONFIRMATION NO. 7894

<b>SERIAL NUMBER</b> 10/779,370	<b>FILING OR 371(c) DATE</b> 02/13/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 51964/THD/K163	
<b>APPLICANTS</b> Kevin Woehr, Felsberg, GERMANY; <b>** CONTINUING DATA *****</b> This application is a CON of 09/727,747 12/01/2000 PAT 6,709,419 <b>** FOREIGN APPLICATIONS *****</b> GERMANY 299 21 084.7 12/01/1999 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 05/12/2004					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Heedre H. Stull</i> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 23363					
<b>TITLE</b> Short catheter					
<b>FILING FEE RECEIVED</b> 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		